

801 – 228th Avenue SE • Sammamish, WA 98075 • Phone: 425-295-0500 • Fax: 425-295-0600 • web: www.ci.sammamish.wa.us

SURFACE WATER DESIGN MANUAL REQUIREMENTS / STANDARDS ADJUSTMENT* REQUEST

Project Name:		Project File No:	
		Engineer/Planner Name:	
Project Address:		Design Engineer:	Phone:
Applicant/Agent**:	Phone:	Signature of Design Engineer:	Date:
Signature of Applicant/Agent:	Date:	Engineering Firm Name:	
Address:	City, State, ZIP:	Address:	City, State, ZIP:
and maps) that may assist in coinformation may result in delayed	rials (Level One Downstrear mplete review and conside processing or denial of requ	n Analysis, Certification of Applican ration of this adjustment request. est. Please submit two complete con Ave SE, Sammamish, WA 98075.	Failure to provide all pertinent opies of this request, application
REFER TO CHAPTER 1, S	SECTION 1.4 OF THE SUI	RFACE WATER DESIGN MANU	AL FOR ADJUSTMENTS
DESCRIPTION OF ADJUSTM	·	pplicant/Agent is the individual finance of the complex	☐ Blanket ☐ Pre-application
APPLICABLE VERSION KCS	WDM : ☐ 1998	□ 2009 □ 20	016
APPLICABLE SECTION(S) OF STANDARDS:			
JUSTIFICATION PER KCSWD		See attachments listed below.	
DETERMINATION: Approval		roval (see below)	
DETERMINATION:	Conditional App	Total (See Below)	
Staff Recommendation Signed	:t:b	Date:	_
Conditions of Approval: See attached memo dated:			
	PUBLIC WORKS DEPAR	TMENT DIRECTOR / DESIGNEE:	
Stormwater Program Manager		Public Works Director	
Signed:	Date:	Signed:	Date:

Check out the City of Sammamish Public Works Department Web site at:

https://www.sammamish.us/departments/publicworks/Default.aspx